

## **Senate Bill 374**

### **Testimony of Bill Sumner**

**CEO of HMSA, Health Management Systems of America**

**November 13, 2013**

Thank you Chairman Haveman and members of this House Appropriations Committee for hearing my testimony on Senate bill 374. My name is Bill Sumner, President and CEO of Health Management Systems of America, a national behavioral health care company head quartered in Detroit Michigan. With me is Gary Lalicki Vice President of Clinical Operations.

Health Management Systems of America (HMSA) is a privately held independent corporation based on a core belief of offering a variety of flexible Employee Assistance Programs (EAP) programs with confidentiality, excellence, integrity, and transparency. For over 32 years, HMSA has provided professional EAP and Work/Life services based on a counseling model that generates outcomes through comprehensive assessment, short-term problem resolution, and, when clinically necessary, referral and management for long-term treatment. Our programs serve over 2500 contracts nationwide representing some one (1) million people.

HMSA is nationally accredited for clinical and quality assurance. HMSA is a 2013 recipient of the Sloan Award, a national award for excellence in human resource management programs.

HMSA has been committed to Safe Schools and Safe Communities servicing several School districts in the State of Michigan via our customized EAP program. Servicing the largest school district in the State of Michigan, the Detroit Public Schools (DPS), we provide EAP services to all the administrators and teachers in the DPS system. We will be providing training to teachers and parents through our own VIA TV Network. This is a cloud based flat streaming technology that provides high definition in both visual and audio and has immediate reach to tens of thousands of individuals at one time. Additionally, HMSA provides assistance programs to students on 165 college campuses across the country.

HMSA has established a 24 hour call center, where all calls are confidential and live answered 7 days a week 365 days a year.

HMSA supports SB 374, but feels strongly that it must include a behavioral health component.

We believe that SB374 represents a great opportunity for the State of Michigan to make our schools and communities safer. However, we believe that an opportunity will be missed if we don't include behavioral health professionals in the delivery of its ok2say program.

Including behavioral health in the implementation of Senate bill 374 will:

1. Provide a bridge between law enforcement and behavioral health which in turn will provide an opportunity for early intervention via a 24/7 network and custom triage tool (Handout provided to committee members).

2. Allow for a public private partnership that can leverage the professional expertise of the private sector, advanced technology, and data reporting analytics that will allow for real time reporting.
3. Cause development of a mobile technology app that facilitates a trusted confidential dialogue with students. We know that students under 20 years of age are more likely to communicate a confidential matter via text vs. a phone call.

We also believe enactment of Senate bill 374 will open the door to more discussions about the challenges we face in creating safe schools and safe communities. We believe strongly that children, parents and educators all need to be involved in facilitating a dialogue to keep our communities safe.

HMSA has a demonstrated track record in keeping Michiganders safe. For six (6) years, HMSA served as contract administrator for the State of Michigan for the Health Professional Recovery Program. (HPRP). This program monitors the health professionals in the state who may have a mental health or substance abuse issue.

HMSA was recently awarded the contract with the State of Michigan to manage the Problem Gambling Hotline. We will be taking the calls throughout the state of people looking for help with gambling issues. This program calls for a 24/7 hotline infrastructure staffed by behavioral health specialists to meet the specific needs of gambling addicts.

In closing, HMSA feels SB 374 is a great step forward in keeping the children of Michigan safe. We feel by adding a behavioral health component to the bill, you will be able to identify problems early and be able to head off potential violent situations long before they ever occur.

On behalf of HMSA, I extend my warmest thanks to you Mr. Chairman and the committee for hearing my testimony and hope that you will consider our suggestions to include a behavioral health as a bridge in the implementation of Senate Bill 374.

William Sumer

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☐ **Initial Assessment**

Date: \_\_\_/\_\_\_/\_\_\_

☐ **Re-Assessment** (Initial Assessment \_\_\_/\_\_\_/\_\_\_)

Client Name: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Sex: \_\_\_ Race: \_\_\_\_\_

Referral Type: ☐ Self ☐ Employer

☐ Other \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

**PRESENTING PROBLEM**

☐ Alcohol ☐ Drugs ☐ Mental Health ☐ Job-Related ☐ Other \_\_\_\_\_

**PROBLEM AREAS / NEEDS / STRENGTHS**

**Family History:** ☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed ☐ Living-Together

Living Arrangement: ☐ Stable ☐ Unstable \_\_\_\_\_

**Employment History** (position, length, shift, etc.): \_\_\_\_\_ EAP Involvement? ☐ Yes ☐ No

**Workplace Issues** (how is PP affecting job?): ☐ N/A ☐ Absent/Tardiness ☐ Accidents ☐ ↓ Concentration

☐ Decreased Work Performance ☐ Conflicts w/Supervisor +/- Coworkers ☐ Other \_\_\_\_\_

Explain: \_\_\_\_\_

**Educational/Vocational/Military:** Highest grade or degree completed: \_\_\_\_\_

☐ Other Training \_\_\_\_\_ Military Service? ☐ Yes ☐ No Type of Discharge: \_\_\_\_\_

**Legal/Financial History:** Legal Concerns? ☐ Yes ☐ No Financial Concerns? ☐ Yes ☐ No

If yes, explain: \_\_\_\_\_

**Cultural/Spiritual:** Cultural concerns? ☐ Yes ☐ No Spiritual Concerns? ☐ Yes ☐ No

If yes, explain: \_\_\_\_\_

**Sexuality:** Do you have any concerns regarding current or past sexual behaviors? ☐ Yes ☐ No

If yes, explain: \_\_\_\_\_

**Social/Recreational/Leisure:** ☐ Active ☐ Isolated ☐ Recent changes in activity level

Explain: \_\_\_\_\_

**Medical History:** Conditions? ☐ Yes ☐ No Last Medical Exam: \_\_\_/\_\_\_/\_\_\_

If yes, explain: (Add medications) \_\_\_\_\_

Medical Doctor: Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**Psychological/Mental Status:**

**Appearance:** ☐ Disheveled ☐ Untidy ☐ Appropriate ☐ Seductive ☐ Meticulous  
**Attitude:** ☐ Helpless ☐ Apathetic ☐ Open ☐ Apprehensive ☐ Uncooperative/evasive  
**Motor Behavior:** ☐ Psychomotor retardation ☐ Normal ☐ Restless ☐ Hyperactive ☐ Agitated  
**Speech:** ☐ Quiet ☐ Slowed ☐ Spontaneous ☐ Guarded ☐ Pressured ☐ Hypervocal  
**Affect:** ☐ Withdrawn ☐ Flat ☐ Normal Range ☐ Depressed ☐ Anxious ☐ Guarded ☐ Hostile  
**Thought Process:** ☐ Clear ☐ Vague ☐ Tangential ☐ Preoccupied ☐ Scattered ☐ Incoherent  
**Memory:** ☐ Intact ☐ Impaired ☐ Absent  
 Explain an impairment (Immediate, Recent, Remote): \_\_\_\_\_  
**Judgement:** ☐ Responds to social norms ☐ Indecisive ☐ Impulsive ☐ Careless ☐ Engages in harmful actions  
**Orientation:** ☐ Fully Oriented X 4 (time, person, place, objects) ☐ Deficits (explain) \_\_\_\_\_  
**Suicidal/ Homicidal?** ☐ No ☐ Yes ☐ Ideation? ☐ Intent? ☐ Plan? ☐ Attempts?  
 Duty to Warn? ☐ No ☐ Yes If yes, explain/determine level of risk: \_\_\_\_\_

**Psychotropic Medications and/ or Additional Mental Health Concerns/ Observations:** \_\_\_\_\_

☐ **No Mental Health Disorder Identified**

**Substance Use History:**

Substance Used (*primary substance of choice)	Age Of First Use	Use In Last 48hrs	# of Days Used Past 30 Days	Date of Last Use and Amount History of Frequency and Duration of Use	Route Of Use
*					

**Dependency Indicators (3 or more symptoms occurring within a 12 month period):**

☐ Tolerance ☐ Withdrawal ☐ Use to avoid withdrawal ☐ Increasing Use ☐ Persistent Desire ☐ Reduced Functioning  
☐ ↑ Time spent obtaining/using/recovering ☐ Continued Use despite psychological or physical problems

**Abuse Indicators (1 or more symptoms within 12 month period):** ☐ Hazardous Use ☐ Recurrent Legal Problems  
☐ Recurrent Use w/failure in work, home, school ☐ Continued Use despite social/interpersonal problems

**Adverse Reactions:** ☐ Seizures/Convulsions ☐ Blackouts ☐ Tremors/Shakes ☐ Hallucinations  
☐ Paranoia/Suspiciousness ☐ Overdose ☐ Additional Observations: \_\_\_\_\_

☐ **No Substance Abuse Disorder Identified**

**Previous Treatments (Include Substance Abuse and Mental Health, Dates, Level of Care, Outcome):**

Name of Program	Dates	Type of Program	Outcome

## CLINICAL SUMMARY:

**Primary Issues Identified:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**ASAM IS/SI Checklist:**

Dimension 1: Detoxification/ Withdrawal Potential	<input type="checkbox"/> Low	<input type="checkbox"/> Medium	<input type="checkbox"/> High
Dimension 2: Medical Conditions and Complications	<input type="checkbox"/> Low	<input type="checkbox"/> Medium	<input type="checkbox"/> High
Dimension 3: Emotional/Behavioral Conditions & Complications	<input type="checkbox"/> Low	<input type="checkbox"/> Medium	<input type="checkbox"/> High
Dimension 4: Treatment Acceptance/ Resistance	<input type="checkbox"/> Low	<input type="checkbox"/> Medium	<input type="checkbox"/> High
Dimension 5: Relapse/ Continued Use Potential	<input type="checkbox"/> Low	<input type="checkbox"/> Medium	<input type="checkbox"/> High
Dimension 6: Recovery Environment	<input type="checkbox"/> Low	<input type="checkbox"/> Medium	<input type="checkbox"/> High

**Strengths** \_\_\_\_\_  
 \_\_\_\_\_

**Needs** \_\_\_\_\_  
 \_\_\_\_\_

**Abilities** \_\_\_\_\_  
 \_\_\_\_\_

**Preferences** \_\_\_\_\_  
 \_\_\_\_\_

**DSM IV Initial Diagnostic Impression:** \_\_\_\_\_

Axis I: \_\_\_\_\_ Axis II: \_\_\_\_\_

Axis III: \_\_\_\_\_ Axis IV: \_\_\_\_\_ Axis V (GAF): \_\_\_\_\_

**Recommendations /Goals:**☐ Substance Abuse☐ Mental Health

☐ Problem Resolution Sessions ☐ Detoxification ☐ Inpatient/ Residential ☐ Day Treatment ☐ Intensive Outpatient

☐ Outpatient ☐ Education ☐ Halfway House

☐ Other (Specify) \_\_\_\_\_

**Referred To: Agency:** \_\_\_\_\_ **Appt. Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Ancillary Services:** ☐ ChildCare ☐ Educational/MRS ☐ Employment/Support ☐ Housing/Shelter ☐ Legal

☐ Medical/Physical

☐ Self-help/Support Groups

☐ Other \_\_\_\_\_

Client's Motivation to Treatment/Referral Recommendations (i.e. ☐ agreeable ☐ ambivalent ☐ resistance ☐ refused, etc.):

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EAP Counselor

  /  /    
Date

